

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

RECEIVED

APR 06 REC'D

Initial: _____

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 6, 2022 Case Number: 22-115

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Harrison Nelson
Premise Name: Pet Doctor Chandler
Premise Address: 4811 S Arizona Ave.
City: Chandler State: AZ Zip Code: 85248
Telephone: (480) 681-6866

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Pauline Haas-Vaughn /Cherished Tails Senior Sanctuary
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Rose
Breed/Species: Long Haired Dachshund
Age: 10 Sex: Female Color: Red

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Veterinary Specialty Center of Tucson
4909 N. La Canada Drive
Tucson, AZ 85704
(520) 795-9955

E. WITNESS INFORMATION:

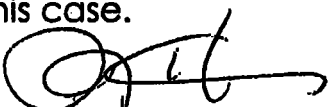
Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Joanna Popielea

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 4-4-22

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Rose came into rescue on 1/27/22 after being diagnosed with diabetes at our local shelter (Pima Animal Care and Control). She visited Pet Doctor of Chandler initially (1/31/22) for a glucose curve to ensure that she was well regulated prior to her spay and dental. She was doing very well in her foster home eating, drinking and with no concerns. On 2/18/22 she was brought back to Pet Doctor for her spay and dental and diagnosed with a "fatty mass". As it turns out it was misdiagnosis and was in fact an inguinal hernia which should have been easily identified. Our understanding from the veterinarian at Veterinary Specialty Center of Tucson was that as a result of the spay the hernia wall was weakened and Rose's intestines and organs entered the opening created. We were never notified of any concerns by Pet Doctor or Dr Nelson nor received any communications from them during or after the surgery.

The Popielas' adopted Rose on 2/19/22 and by 2/20/22 she was showing signs of illness and they brought her to VSCOT where she was admitted and stayed until she passed (all records attached)

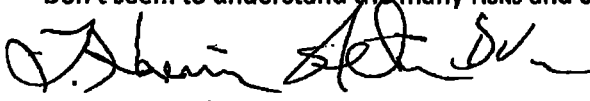
April 19th, 2022

22-115
Respondent response

To whom it may concern;

On 2/8/22 a geriatric (age 10-13) long haired Dachshund named Rose was brought to our hospital By the Cherished Tails Sanctuary and dropped off by one of there fosters for a scheduled dental and Ovariohysterectomy. A comprehensive blood profile was started and her blood glucose was checked as Rose was a diabetic. Her blood work was acceptable and she was given a presurgical exam . She had as Many diabetics a very odd fat deposition causing her to look very "lumpy and bumpy" with multiple Lipomas over her body. She was then anesthetized and prepped for an ovariohysterectomy and taken To surgery and a routine spay procedure was performed. The surgery was uneventful so we included a Dental at the request of the rescue and a cleaning and some extractions were performed. Her recovery Was again normal and uneventful and she was released in the afternoon with instructions on after care As per all of our surgical patients. This was my contact with this case.

In the complaint it is alleged that I misdiagnosed an inguinal hernia. I do not recall seeing any hernia on The exam. I would like to point out that the patient had been examined at the Pima County Animal Shelter and also had radiographs at that time approximately 10 days prior to being admitted on the 8th Of February with no mention of a hernia in their report. She was also seen by Dr. Danielle Simons at our Hospital on 1/31/22 when she did a glucose curve and she also never noted an hernia. According to the Complaint she was adopted 11 days later and the next day became ill and was taken to emergency Where she was apparently diagnosed with a hernia and subsequently died. There are a multitude of Reasons that a dog can get a hernia jumping off a couch or chair perhaps or any strenuous movement Could contribute to it but blaming it on the spay seems a very low chance possibility to me as I have Never seen that happen in my 43 years of doing spays. But anything is possible I guess. These are very Difficult cases and although I understand the reasons a rescue wants to attempt to save these pets they Don't seem to understand the many risks and challenges of such cases.


L. Harrison Nelson D.V.M.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE: (602) 364-1-PET (1738) • FAX (602) 364-1039

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Carolyn Ratajack - Chair
Christina Tran, DVM
Robert Kraitsberg, DVM
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-115

Complainant(s): Pauline Haas-Vaughn/Cherished Tails Senior Sanctuary

Respondent(s): L.H. Nelson, DVM (License: 1162)

SUMMARY:

Complaint Received at Board Office: 4/6/22

Committee Discussion: 9/13/22

Board IIR: 10/26/2

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On February 8, 2022, "Rose," a 10-year-old female Long-haired Dachshund was presented to Respondent for a spay and dental procedure. The procedures were performed and the dog was discharged later that evening.

On February 12, 2022, the dog was adopted; the new family was advised that the dog had vomited that day and to closely monitor her.

On February 13, 2022, the dog was presented to an emergency facility where she was diagnosed with a hernia in the left inguinal region, not associated with the spay incision as originally suspected. Surgery was performed; resection and anastomosis of strangulated bowel was required.

The dog remained hospitalized and required a subsequent surgery; due to the dog's worsening condition, the pet owner elected to humanely euthanize the dog.

Complainant was noticed and appeared.

Respondent was noticed and appeared telephonically; attorney David Stoll was present.

Consulting veterinarian Robert Moore was present telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Pauline Haas-Vaughn/Cherished Tails Senior Sanctuary*
- Respondent(s) narrative/medical record: *L. H. Nelson, DVM*
- Consulting Veterinarian narrative/medical record: *VSCOT*
- Witness statement: *Joanna Popiela*

PROPOSED 'FINDINGS of FACT':

1. The dog was owned by Cherished Tails Senior Sanctuary and was diagnosed with diabetes mellitus. Once regulated, the dog was scheduled to be spayed and have a dental procedure prior to adoption.

2. On February 8, 2022, the dog was presented to Respondent for a spay and dental procedure. According to Complainant, the dog was diagnosed with a fatty mass at that time. Upon exam, the dog had a weight = 11.06 pounds, a temperature = 96.8 (?), a pulse rate = 120bpm, and a respiration rate = 30rpm; BAR. The dog received his insulin the night before, was fasted and no insulin was administered that morning. Blood work was performed and the glucose was noted as 143mg/dl; all other values were normal. Another glucose reading prior to surgery revealed 111mg/dl.

3. An IV catheter was placed and fluids were started (type unknown). The dog was administered Pen G 1.0mL (concentration unknown); atropine 04mg/mL, 0.5 (mL? route unknown); masked with gas anesthetic (type unknown) and intubated. The dog was spayed then had a dental performed. According to the medical record, 5 teeth were extracted; not clear which teeth were removed. The dog's temperature remained low during the anesthetic procedures – no notations if warming techniques were used. Additionally, no pain management was noted to be administered before, during, or after the procedures. No medications were dispensed at discharge with the foster family.

4. Respondent stated in his narrative that the dog had a very odd fat deposition causing her to look very lumpy and bumpy with multiple lipomas over her body. This was not noted in the medical record. Respondent stated that he did not recall a hernia. No hernia was noted on previous exams by his associate.

5. On February 12, 2022, the dog was adopted to Ms. Popiela. Ms. Popiela noted the dog was underweight and was advised by the foster family that the dog had vomited earlier that morning. It was also noted that the dog had a mass on her abdomen which was soft to the touch. Ms. Popiela was advised by the foster that Respondent believed it was a lipoma and could be removed in the future to improve the quality of life.

6. That evening the dog ate and received her dose of insulin, however once arriving home, the dog vomited most of her meal. Ms. Popiela also noted that the soft mass was tender and the dog showed signs of distress when handled in that area. The dog was monitored closely overnight and into the next morning. When the dog appeared lethargic and inappetent, she was taken to an emergency facility for evaluation.

7. After evaluation and diagnostics, the dog was diagnosed with a body wall herniation of the spay incision and herniation of small intestinal contents into the SQ space over the left caudal mammary gland. There was free fluid in the abdomen and the treating veterinarian was concerned the dog had Cushing's disease. After discussion with the pet owner – they wanted to take the dog to Respondent the next day – the treating veterinarian advised against waiting and recommended surgery that day; pet owner approved.

8. Surgeon, Dr. Moore, was called in to perform surgery. Intraoperatively the hernia was noted to be associated with the left inguinal region and not associated with the spay incision as originally suspected. Dr. Moore noted a chronic fibrosing hernia with the ileum in a large hernia sac. Moderate amount free fluid in abdomen with turbid appearance was noted. The bladder was adhered to the hernial opening along with the uterine stump. Dr. Moore dissected out the ileum, bladder and uterine stump. Resection and anastomosis of 6 – 8 cm of ileum and jejunum was performed. Partial separation of the ileum and cecum was performed to obtain sufficient ileum to close the anastomosis. The incision was closed and wrapped with omentum. The abdomen was lavaged with warm saline and a JP drain was placed.

9. The dog remained hospitalized for continued care and treatment. A subsequent surgery was required on 2/18/22 due to extensive purulent material along the entire length of the incision; the linea was also infected.

10. The dog continued to worsen therefore the pet owners elected to humanely euthanize the dog on 2/21/22.

COMMITTEE DISCUSSION:

The Committee discussed that the surgery for the spay and dental went well and the dog had no issues post-surgically. It's unclear if the dog's issues were related to the surgeries or her diabetes. The hernia was not associated with the spay. This was a senior dog with diabetes and Cushing's and likely had a weakened abdomen.

The Committee expressed concerns that the dog underwent two surgical procedures and was not sent home without discharge instructions, pain medication or antibiotics. Respondent was under the impression that the foster would have medications at home to administer to the dog but there were no instructions on which medications should be given or their use (dosage and frequency). In a diabetic dog, there is a higher risk of infection.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (21) as it relates to **AAC R3-11-502 (L)**:

- **(7)** failure to document in the animal's medical record the type of gas anesthetic used;
- **(7) (a)** failure to document in the animal's medical record the concentration of Pen G administered; and
- **(7) (d)** failure to document in the animal's medical record the route of administration of Atropine.

ARS § 32-2232 (18) as it relates to **AAC R3-11-502 (E)** failure to provide discharge instructions.

ARS § 32-2232 (12) as it relates to **AAC R3-11-501 (1)** failure to use current professional and scientific knowledge by not dispensing antibiotics or pain medication in a diabetic dog that underwent a spay and dental procedure with extractions.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

BEFORE THE ARIZONA VETERINARY MEDICAL EXAMINING BOARD

IN THE MATTER OF:) CASE No.: 22-115
L. H. NELSON, DVM)
HOLDER OF LICENSE No. 1162) CONSENT AGREEMENT
FOR THE PRACTICE OF VETERINARY) FINDINGS OF FACT
MEDICINE IN THE STATE OF ARIZONA,) CONCLUSIONS OF LAW
RESPONDENT.) AND ORDER

In the interest of a prompt and judicious settlement of the above captioned matter before the Arizona State Veterinary Medical Examining Board ("Board") and consistent with the public interest, statutory requirements and responsibilities of the Board, and pursuant to A.R.S. §32-2201 et. seq. and A.R.S. § 41-1092.07 (F)(5), the undersigned party, L. H. Nelson, D.V.M. ("Respondent"), holder of license No. 1162 for the practice of veterinary medicine in Arizona and the Board enter into this Consent Agreement, Findings of Fact, Conclusion of Law and Order ("Consent Agreement") as final disposition of this matter.

CONSENT AGREEMENT

Respondent understands and agrees that:

1. The Board has jurisdiction over Respondent and the subject matter pursuant to A.R.S. §32-2201, et. seq.

2. Respondent has the right to consult with an attorney prior to entering into this Consent Agreement. Respondent has a right to a public hearing concerning this case. He further acknowledges that at such hearing she could

1 present evidence and cross-examine witnesses. Respondent irrevocably waives
2 his right to such a hearing.

3 3. Respondent irrevocably waives any right to rehearing or review or to any
4 judicial review or any other appeal of these matters.

5 4. The Consent Agreement, once approved by the Board and signed by the
6 Respondent, shall constitute a public record, which may be disseminated as a
7 formal action of the Board. Sufficient evidence exists for the Board to make the
8 Findings of Fact and Conclusions of Law set forth in the Consent Agreement.

9 5. Respondent acknowledges and understands that this Consent
10 Agreement will not become effective until it is signed by the Board's Executive
11 Director on behalf of the Board. Respondent acknowledges and agrees that
12 upon signing and returning this Consent Agreement to the Board's Executive
13 Director, Respondent may not revoke his acceptance of the Consent
14 Agreement or make any modifications to the document, regardless of whether
15 the Consent Agreement has been issued by the Executive Director.

16 6. If any part of the Consent Agreement is later declared void or otherwise
17 unenforceable, the remainder of the Order in its entirety shall remain in force
18 and effect.

19 7. Respondent acknowledges that any violation of this Consent Agreement
20 constitutes unprofessional conduct pursuant to A.R.S. § 32-2232 and may result
21 in disciplinary action pursuant to A.R.S. § 32-2234.

22 8. This Consent Agreement and Order is effective on the date signed by the
23 Board.
24
25

1 DATED this 14TH day of November 2022.

2
3
4 L.H. Nelson, DVM

5 **FINDINGS OF FACT**

6 1. The Board is the duly constituted authority for the regulation and control of
7 the practice of veterinary medicine in the State of Arizona.

8 2. Respondent holds license No. 1162 for the practice of veterinary medicine
9 in the State of Arizona.

10 3. "Rose," a 10-year-old female Long-haired Dachshund was owned by
11 Cherished Tails Senior Sanctuary and was diagnosed with diabetes mellitus.
12 Once regulated, the dog was scheduled to be spayed and have a dental
13 procedure prior to adoption.

14 4. On February 8, 2022, the dog was presented to Respondent for a spay
15 and dental procedure. According to Complainant, the dog was diagnosed
16 with a fatty mass at that time. Upon exam, the dog had a weight = 11.06
17 pounds, a temperature = 96.8 degrees, a pulse rate = 120bpm, and a
18 respiration rate = 30rpm; BAR. The dog received his insulin the night before, was
19 fasted and no insulin was administered that morning. Blood work was
20 performed and the glucose was noted as 143mg/dl; all other values were
21 normal. Another glucose reading prior to surgery revealed 111mg/dl.

22 5. An IV catheter was placed and fluids were started (type unknown). The
23 dog was administered Pen G 1.0mL (concentration unknown); atropine
24 04mg/mL, 0.5 (route unknown); masked with gas anesthetic (type unknown)
25 and intubated. The dog was spayed then had a dental performed. According

22-115, L. H. Nelson, DVM

1 to the medical record, 5 teeth were extracted; not clear which teeth were
2 removed. The dog's temperature remained low during the anesthetic
3 procedures – no notations if warming techniques were used. Additionally, no
4 pain management was noted to be administered before, during, or after the
5 procedures. No medications were dispensed at discharge with the foster family
6 nor were instructions for dosage or frequency of medications to be given if
7 already had at home.

8 6. Respondent stated in his narrative that the dog had a very odd fat
9 deposition causing her to look very lumpy and bumpy with multiple lipomas
10 over her body. This was not noted in the medical record. Respondent stated
11 that he did not recall a hernia. No hernia was noted on previous exams by his
12 associate.

13 7. On February 12, 2022, the dog was adopted to Ms. Popiela. Ms. Popiela
14 noted the dog was underweight and was advised by the foster family that the
15 dog had vomited earlier that morning. It was also noted that the dog had a
16 mass on her abdomen which was soft to the touch. Ms. Popiela was advised by
17 the foster that Respondent believed it was a lipoma and could be removed in
18 the future to improve the quality of life.

19 8. That evening the dog ate and received her dose of insulin; however, once
20 arriving home, the dog vomited most of her meal. Ms. Popiela also noted that
21 the soft mass was tender and the dog showed signs of distress when handled in
22 that area. The dog was monitored closely overnight and into the next morning.
23 When the dog appeared lethargic and inappetent, she was taken to an
24 emergency facility for evaluation.
25

1 9. After evaluation and diagnostics, the dog was diagnosed with a body
2 wall herniation of the spay incision and herniation of small intestinal contents
3 into the SQ space over the left caudal mammary gland. There was free fluid in
4 the abdomen and the treating veterinarian was concerned the dog had
5 Cushing's disease. After discussion with the pet owner – they wanted to take
6 the dog to Respondent the next day – the treating veterinarian advised against
7 waiting and recommended surgery that day; pet owner approved.

8 10. Surgeon, Dr. Moore, was called in to perform surgery. Intraoperatively the
9 hernia was noted to be associated with the left inguinal region and not
10 associated with the spay incision as originally suspected. Dr. Moore noted a
11 chronic fibrosing hernia with the ileum in a large hernia sac. Moderate amount
12 free fluid in abdomen with turbid appearance was noted. The bladder was
13 adhered to the hernial opening along with the uterine stump. Dr. Moore
14 dissected out the ileum, bladder and uterine stump. Resection and anastomosis
15 of 6 – 8 cm of ileum and jejunum was performed. Partial separation of the ileum
16 and cecum was performed to obtain sufficient ileum to close the anastomosis.
17 The incision was closed and wrapped with omentum. The abdomen was
18 lavaged with warm saline and a JP drain was placed.

19 11. The dog remained hospitalized for continued care and treatment. A
20 subsequent surgery was required on 2/18/22 due to extensive purulent material
21 along the entire length of the incision; the linea was also infected.

22 12. The dog continued to worsen; therefore, the pet owners elected to
23 humanely euthanize the dog on 2/21/22.

24 13. The Board concluded that Respondent's omissions in the medical record
25 as well as not ensuring the dog would be receiving appropriate post-surgical

1 medications were an administrative violation. Those omissions were minor
2 medical record keeping violations that were routine entries that did not affect
3 the diagnosis or care of the animal.

4 5 CONCLUSIONS OF LAW

6 14. The Findings of Fact constitutes administrative violation of **A.R.S. § 32-2233**
7 **(B) (3)** minor records violations that are routine entries into a medical record
8 and that do not affect the diagnosis or care of the animal.

9 ORDER

10 Based upon the foregoing Findings of Fact and Conclusions of Law it is
11 **ORDERED** that Respondent, License, No. 1162, shall pay a **five hundred dollar**
12 **(\$500) civil penalty** within 60 days from the effective date of the Consent
13 Agreement. Civil penalty shall be made payable to the **Arizona State**
14 **Veterinary Medical Examining Board** and must be paid by **certified check,**
15 **cashier's check or money order.**

16 1. Respondent shall obey all federal, state and local laws/rules governing
17 the practice of veterinary medicine in this state.

18 2. Respondent shall bear all costs of complying with this Consent
19 Agreement.

20 3. This Consent Agreement is conclusive evidence of the matters
21 described and may be considered by the Board in determining an appropriate
22 sanction in the event a subsequent violation occurs. In the event Respondent
23 violates any term of this Consent Agreement, the Board may, after opportunity
24 for Informal Interview or Formal Hearing, take any other appropriate disciplinary
25

1 action authorized by law, including suspension or revocation of Respondent's
2 license.

3
4 ISSUED THIS 20th DAY OF November, 2022.
5 FOR THE BOARD:
6 ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

7 Jessica Creager, Chairperson

8
9 By 
10 Victoria Whitmore, Executive Director

11 Original of the foregoing filed
12 This 20th day of November, 2022 with:


13 Arizona State Veterinary Medical Examining Board
14 1740 W. Adams St, Ste. 4600
15 Phoenix, Arizona 85007

16 Copy of the foregoing mailed by Certified, return receipt mail
17 This 20th day of November, 2022 to:

18 L. H. Nelson, DVM
19 Address on file
20 Respondent

21 Copy of the foregoing sent by regular mail
22 this 20th day of November, 2022 to:

23 David Stoll, Esq.
24 Beaugureau, Hancock, Stoll and Schwartz, PC
25 302 E. Coronado Rd
Phoenix, Arizona 85004

By: 
Board Staff



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the October 26, 2022 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee regarding case number 22-115 In Re: L. H. Nelson, DVM.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

1. **ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L):**
 - (7) failure to document in the animal's medical record the type of gas anesthetic used;
 - (7) (a) failure to document in the animal's medical record the concentration of Pen G administered; and
 - (7) (d) failure to document in the animal's medical record the route of administration of Atropine.
2. **ARS § 32-2232 (18) as it relates to AAC R3-11-502 (E) failure to provide discharge instructions.**
3. **ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to use current professional and scientific knowledge by not dispensing antibiotics or pain medication in a diabetic dog that underwent a spay and dental procedure with extractions.**

Following discussion, the Board concluded that Respondent's conduct rose to the level of administrative violation ARS § 32-2233 (B) (3) minor medical record violations that are routine entries into a medical record that did not affect the diagnosis or care of the dog; therefore rejecting the Investigative Committee's recommendations.

Respectfully submitted this 18th day of January, 2022.

Arizona State Veterinary Medical Examining Board

A handwritten signature in cursive script, appearing to read "Jessica Creager".

Ms. Jessica Creager - Chair